

DELAY

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 1310 Primary Registration District No. 8149

1. PLACE OF DEATH a. COUNTY <u>POWAN</u>		2. USUAL RESIDENCE (When deceased lived in institution, institution address included) a. STATE <u>NY</u> b. COUNTY <u>BATH</u>	
b. CITY OR TOWN <u>FARMERS</u>		c. CITY OR TOWN <u>SALT-LICK</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or institution)		e. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <u>ALEX</u> b. (Middle) <u>ALFRED</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 25 1949</u>	
5. SEX <u>Male</u>	6. COLOR OF HAIR <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>1868</u>
9. USUAL OCCUPATION (Give kind of work done during past 12 months)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>
13. FATHER'S NAME <u>FRANK ALFRED</u>		14. MOTHER'S MAIDEN NAME <u>Jane Hall</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or years of service)		16. SOCIAL SECURITY NO.	17. <u>FORMAL</u>
18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis</u>		INTERNAL BETWEEN HEART AND SEATS	
ANTICIPANT CAUSE Heart conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Occlusion</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)		DUE TO (c) _____	
19. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION <u>4301 - 944</u>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		22. PLACE OF INJURY (i.e., in or about house, farm, street, store, other place)	
23. TIME OF INJURY (Month) (Day) (Year) (Hour)		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
25. HOW DID INJURY OCCUR		26. ALIQUOT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
27. I hereby certify that I attended the deceased from <u>5-24-1949</u> to <u>5-25-1949</u> , that I last saw the deceased alive on <u>5-24-1949</u> , and that death occurred at <u>5 P.M.</u> from the cause and on the date stated above.			
28. DATE SIGNED <u>5-26-49</u>		29. ADDRESS <u>Morhead</u>	
30. SIGNATURE <u>[Signature]</u>		31. SIGNATURE <u>[Signature]</u> (Specify or title) <u>Health Officer</u>	
32. DATE <u>5-26-49</u>		33. NAME OF CEMETERY OR CREMATORY <u>[Name]</u>	
34. DATE SIGNED BY LOCAL REG. <u>5-26-49</u>		35. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
36. REGISTRAR'S SIGNATURE <u>[Signature]</u>		37. REGISTRAR'S SIGNATURE <u>[Signature]</u>	